

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90249 036 ***150.00

DOCUMENT # P00000069908	
1. Entity Name T3 Metrocom, Inc.	

DO NOT WRITE IN THIS SPACE

11017438

2. Principal Place of Business 2560-A Gulf Breeze Parkway		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze FL		City & State	
Zip 32563	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3660082		<input type="checkbox"/> Applied For
			<input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
Name Raymond A. Moore, Jr.			
Street Address (P.O. Box Number is Not Acceptable)			
316 S. Baylen Street, Suite 200			
City Pensacola		FL	Zip Code 32501

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 4/8/03
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	CD	TITLE	
NAME	Faircloth, Gene	NAME	
STREET ADDRESS	4184 Madura East, Gulf Breeze FL 32563	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	PD	TITLE	
NAME	Norris, Mark J	NAME	
STREET ADDRESS	1433 Deer Tr., Hubertus WI 53033	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	STD	TITLE	
NAME	Raymond A. Moore, Jr.	NAME	
STREET ADDRESS	316 S. Baylen St. 200, Pensacola FL 32501	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 4/8/03 **DAYTIME PHONE #** (850) 435-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)